

Child and Family Protection Association

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Canada's ObamaCare Precedent

Governments always ration care by making you wait. That can be deadly.

By DAVID GRATZER

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Congressional Democrats will soon put forward their legislative proposals for reforming health care.

Should they succeed, tens of millions of Americans will potentially be joining a new public insurance program and the federal government will increasingly be involved in treatment decisions.

Not long ago, I would have applauded this type of government expansion. Born and raised in Canada, I once believed that government health care is compassionate and equitable. It is neither.

My views changed in medical school. Yes, everyone in Canada is covered by a "single payer" -- the government. But Canadians wait for practically any procedure or diagnostic test or specialist consultation in the public system.

The problems were brought home when a relative had difficulty walking. He was in chronic pain. His doctor suggested a referral to a neurologist; an MRI would need to be done, then possibly a referral to another specialist. The wait would have stretched to roughly a year. If surgery was needed, the wait would

be months more. Not wanting to stay confined to his house, he had the surgery done in the U.S., at the Mayo Clinic, and paid for it himself.

Such stories are common. For example, Sylvia de Vries, an Ontario woman, had a 40-pound fluid-filled tumor removed from her abdomen by an American surgeon in 2006. Her Michigan doctor estimated that she was within weeks of dying, but she was still on a wait list for a Canadian specialist.

Indeed, Canada's provincial governments themselves rely on American medicine. Between 2006 and 2008, Ontario sent more than 160 patients to New York and Michigan for emergency neurosurgery -- described by the Globe and Mail newspaper as "broken necks, burst aneurysms and other types of bleeding in or around the brain."

Only half of ER patients are treated in a timely manner by national and international standards, according to a government study. The physician shortage is so severe that some towns hold lotteries, with the winners gaining access to the local doc.

Overall, according to a study published in *Lancet Oncology* last year, five-year cancer survival rates are higher in the U.S. than those in Canada. Based on data from the Joint Canada/U.S. Survey of Health (done by Statistics Canada and the U.S. National Center for Health Statistics), Americans have greater access to preventive screening tests and have higher treatment rates for chronic illnesses. No wonder: To limit the growth in health spending, governments restrict the supply of health care by rationing it through waiting. The same survey data show, as June and Paul O'Neill note in a paper published in 2007 in the *Forum for Health Economics & Policy*, that the poor under socialized medicine seem to be less healthy relative to the nonpoor than their American counterparts.

Ironically, as the U.S. is on the verge of rushing toward government health care, Canada is reforming its system in the opposite direction. In 2005, Canada's supreme court struck down key laws in Quebec that established a government monopoly of health services. Claude Castonguay, who headed the Quebec government commission that recommended the creation of its public health-care system in the 1960s, also has second thoughts. Last year, after completing another review, he declared the system in "crisis" and suggested a massive expansion of private services -- even advocating that public hospitals rent facilities to physicians in off-hours.

And the medical establishment? Dr. Brian Day, an orthopedic surgeon, grew increasingly frustrated by government cutbacks that reduced his access to an

operating room and increased the number of patients on his hospital waiting list. He built a private hospital in Vancouver in the 1990s. Last year, he completed a term as the president of the Canadian Medical Association and was succeeded by a Quebec radiologist who owns several private clinics.

In Canada, private-sector health care is growing. Dr. Day estimates that 50,000 people are seen at private clinics every year in British Columbia. According to the *New York Times*, a private clinic opens at a rate of about one a week across the country. Public-private partnerships, once a taboo topic, are embraced by provincial governments.

In the United Kingdom, where socialized medicine was established after World War II through the National Health Service, the present Labour government has introduced a choice in surgeries by allowing patients to choose among facilities, often including private ones. Even in Sweden, the government has turned over services to the private sector.

Americans need to ask a basic question: Why are they rushing into a system of government-dominated health care when the very countries that have experienced it for so long are backing away?

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